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VOLUME 5, NUMBER 7 OCTOBER 15, 1947 ANN WILSON HAYNES, Editor
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Basic Standards For Local Health Work

Standards and recommendations for local health departments as provided in the Public Health Assistance Act (Division 1, Part 2, Chapter 8 of the Health and Safety Code) have been adopted by the State Board of Public Health on the recommendation of the California Conference of Local Health Officers.

These standards, which are printed below, now become part of the California Administrative Code, Chapter 3—Local Health Service, subchapter 1—Standards for State Aid for Local Health Administration.

Recommendations in addition to the basic standards are listed below respective paragraphs in small type.

Article 1. Organization

1250. Health Officer. The health department shall be under the direction of a health officer devoting full time to official duties and not engaging in any type of private practice of medicine.

1251. Office. The health department shall maintain and operate a central office and headquarters on a full-time basis during the normal work week of the local government.

1. It is recommended that every effort be made to provide adequate and suitable office and clinic space for the health department staff, and that this be centrally located and easily accessible to the population served.

2. It is further recommended that in health jurisdictions covering a large area or serving large population groups, a system of district health centers and branch clinics be developed.

1252. Clerical Staff. There shall be a clerical staff under proper supervision, adequate to meet local needs.

3. It is recommended that there be a clerical staff of at least one clerk to every four technical and professional staff members.

1253. Public Health Nurses. There shall be a public health nursing staff under the supervision of a director of public health nursing and, depending on the size of the staff, such additional supervisors as are necessary to provide effective service.

4. It is recommended that as they become available, the ratio of public health nurses to population served be not less than one nurse for each 5,000 population. If school nursing is included in the program of the health department, the public health nursing staff should be not less than one nurse for each 3,500 population. If both school nursing and bedside nursing care are included in the health department program, the ratio should be not less than one nurse for each 2,000 population.

5. It is recommended that as qualified personnel become available, there be not less than one public health nurse supervisor for every eight staff nurses.

1254. Sanitarians. There shall be at least an adequate staff of sanitarians under the supervision of a director of sanitation.

6. It is recommended that sanitarians be employed in the ratio of not less than one sanitarian to each 20,000 population or major fraction thereof, and that additional sanitarians be employed if unusual local needs of a strictly public health nature require such service.

1255. Provisional Approval of Health Departments. The Director of Public Health, after thorough investigation of geographic transportation, economic, or other conditions, may grant provisional approval to health departments which serve all of the incorporated, as well as the unincorporated, area of the county and which are under the direction of a part-time county health officer; provided, however, that such counties shall have a population of less than 25,000, as determined pursuant to Section 1101, Chapter 8, Part 2, Division 1 of the Health and Safety Code. Such health departments, however, shall meet all standards established for local health departments by the State Board of Public Health except Section No. 1250 of this Article. Such provisional approval shall terminate on June 30, 1948, but may be renewed annually at the discretion of the Director of Public Health up to June 30, 1950, after

which time such provisional approval shall not be granted.

7. It is recommended that during the period of provisional approval every effort be made by the local governing body to develop a plan whereby the services of a full-time health officer may be secured, either by combination with contiguous counties in a multi-county health unit, or by the development of such other administrative plan as may be mutually agreed upon by the local governing body and the State Department of Public Health.

Other Recommendations

8. It is recommended that there be employed not less than one trained Public Health Analyst, and that the statistical work of the department be under his direction.

9. It is recommended that the health education program of the health department be broad in scope and be correlated with the health education activities of the school system, other official agencies, voluntary agencies, professional organizations and other interested groups.

10. It is recommended that every health department employ at least one trained health educator, and that in the larger departments additional qualified specialists in the various fields of health education be employed as needed.

11. It is recommended that every health department serving 150,000 or more persons employ at least one trained and experienced public health engineer, either to furnish consultant service in this field to the community or to be in charge of the environmental sanitation division of the health department. It is recommended that departments serving less than 150,000 population, with special problems to be met, employ public health engineers as necessary to meet such problems.

12. It is recommended that every health department serving 150,000 or more population employ a licensed veterinarian.

Article 2. Program

1275. Duties and Functions. A local health department, in order to qualify for funds pursuant to Division 1, Part 2, Chapter 8 of the Health and Safety Code, shall perform all of the duties and functions imposed upon it by the Health and Safety Code and other Statutes of the State of California, and by the rules, regulations and orders of the California State Board of Public Health.

1276. Basic Services. The health department shall offer at least the following basic services to the health jurisdiction which it serves:

(a) Collection, tabulation and analysis of all public health statistics, including population data, natality, mortality and morbidity records, as well as evaluation of service records.

1. It is recommended that the Public Health Analyst be responsible for:

a. Collection and registration of natality, mortality and morbidity records.

b. Continuous investigation of population characteristics of area being served.

c. Continuous statistical appraisal of the correlated public health programs through analysis and evaluation of natality, mortality, morbidity and service records, which would include reallocation of vital statistics to place of residence according to accepted standards.

d. Maintenance of registeries such as tuberculosis, handicapped children, cancer and other chronic diseases.

(b) A planned and organized health education program in the community under the direction of the health officer.

2. It is recommended that the health education program of the health department be correlated with the health education activities of the school system, the voluntary agencies, and other interested community groups. Within the health department itself this program should include provision for organized and continuing in-service training for all members of the departmental staff.

(c) Communicable disease control including, in addition to the control of the acute communicable diseases, the control of tuberculosis and the venereal diseases, based on provision of diagnostic consultative services, epidemiological investigation and appropriate preventive measures for the particular communicable disease hazards in the community.

3. Availability of adequate isolation facilities, specialized case finding programs for tuberculosis and venereal disease, and special epidemiological investigations of unusual communicable diseases, are recommended as additional features of a communicable disease control program.

(d) Maternal and child health services for at least the infant and pre-school age group, to include child health conferences and public health nursing follow-up and immunization against smallpox, diphtheria and whooping cough for these groups. Prenatal clinic services and public health nursing field visits to expectant mothers shall be offered to the community by the health department unless adequate provision is made for these services by another local agency.

4. It is recommended that the school health service program, unless provided within the school system, be a function of the health department, and that it include preventive medical, as well as dental, nutritional and school nursing services. Where this program is being carried on within the school system every effort should be made to coordinate this with the pre-school program of the health department to insure continuity of information and service. Where no school health service program is being carried on, it is recommended that such a program be fostered by the health department and that efforts be made to effect a contractual or other agreement with the school department to enable the health department to conduct such a program. It is recommended that a coordinating committee composed of representatives of both the school and health administrators be established and utilized.

5. It is recommended further that crippled children's services be provided through the health department and that such services include medical supervision, program planning administrative staff, adequate case finding procedures, adequate nursing services for diagnostic and follow-up assistance, social service and therapeutic services meeting minimum standards established by the State Department of Public Health.

(e) Services in environmental sanitation, to include at least food sanitation, the inspection and regulation of small public water supplies (having 200 or less service connections), private water supplies, and private sewage and waste disposal.

6. It is recommended that the health department provide services for the inspection and regulation of the production, processing and distribution of milk and milk products.

(f) Public health laboratory services, provided either by a laboratory employing certified public health laboratory technicians and operated and administered by the health department or by contract or other arrangement with another agency meeting these requirements.

7. It is recommended that each local health department operate its own public health laboratory with housing facilities and personnel adequate to provide approved public health laboratory facilities.

8. In addition to the basic activities required of the health department, programs to meet special needs in child health, adult health, mental hygiene, vector control (including rodent control), etc., should be developed.

Article 3. Personnel

1300. Health Officer. The health officer shall be a graduate of a medical school of good standing and repute and shall be eligible for a license to practice medicine and surgery in the State of California; provided, however, that those health officers on a full-time basis as of September 19, 1947, shall be considered as meeting the requirements of this section.

1. It is recommended that health officers possess the qualifications of education and experience established by the Committee on Professional Education of the American Public Health Association.

1301. Other Personnel. The qualifications of public health nurses, sanitarians and public health laboratory technicians shall conform to the specifications for these classes established by the California State Department of Public Health, pursuant to the provisions of the Health and Safety Code.

2. It is recommended that public health analysts, public health engineers, and health educators and professional and technical personnel not covered by state law meet those standards of education and experience set forth by the Committee on Professional Education of the American Public Health Association.

(NOTE: Qualifications of public health nurses, laboratory technicians, sanitarians, assistant sanitarians, are already established by the State Department of Public Health in conformity with the provisions of the Health and Safety Code.)

3. It is recommended that the director of public health nursing be a public health nurse who has had special training in supervision and nursing administration.

Article 4. Finance

1325. Use of Funds. Funds available to local health departments under Chapter 8, Division 1, Part 2 of the Health and Safety Code, may be expended for personnel, including but not limited to new or additional personnel and adjustments of salary of existing personnel, maintenance and operation, equipment, and for capital expenditures. The funds may be used only to augment local appropriations provided for public health purposes, through the local public health department, including those functions listed in Article 2, but not including any of the following:

(a) Medical, hospital and therapeutic care of physically handicapped children.
(b) Maintenance of hospitals (including emergency hospitals and first aid stations), sanatoria and homes.
(c) Garbage and refuse collection and disposal and sewage disposal.
(d) Street cleaning.
(e) Inspection of building construction.
(f) Inspection of plumbing.
(g) Maintenance of dog or animal pounds.
(h) Inspection of cemeteries.

1326. Restrictions on Matching Funds. For matching purposes as specified in Section 1154 of the Health and Safety Code, local health departments shall not include funds for functions listed under subsections a-h, inclusive, of Section 1325 above.

1327. Deposit and Expenditure of Funds. The governing body of each local health department shall set up a "Special Public Health Fund" and all payments received from the State by the governing body shall be deposited in that fund. No money shall be expended from such fund except for public health purposes in accordance with Division 1, Part 2, Chapter 8 of the Health and Safety Code, and the rules and regulations adopted by the State Board of Public Health pursuant thereto.

1328. Budget and Program. Local health departments shall submit a budget each year, showing a total plan for the expenditure of public health funds during the year, together with an outline of the program contemplated. The appropriation made in support of such budget also shall be reported.

1329. Reports. Local health departments shall report their expenditures, and shall submit reports of services and operations, upon forms provided for that purpose, at such times as the State Department of Public Health may require.

Examination Announcements

Examinations for the following positions have been announced by the State Personnel Board:

Examination	*Last Date for Filing Applications*	*Examination Date*
Supervising Key Punch Operator	Oct. 30	Nov. 20
Accountant-Auditor, Grade 1	Nov. 1	Nov. 22
Junior Accountant-Auditor	Nov. 1	Nov. 22
Psychiatric Resident	Nov. 12	(No written test)
Senior Psychiatric Resident	Nov. 12	(No written test)
Physician and Surgeon	Nov. 13	Dec. 4
Senior Physician and Surgeon	Nov. 13	Dec. 4

Further information concerning these examinations may be obtained from the State Personnel Board, 1015 L Street, Sacramento—or at the board's branch offices in Los Angeles and San Francisco.

Plague Demonstrated in Two Counties

During August bubonic plague was demonstrated in fleas from squirrels captured in San Luis Obispo and Mono counties.

Two foci were found in San Luis Obispo. The fleas were taken from *C. beechyi* squirrels.

In Mono County the fleas were taken from *C. beldingi* and *C. fisheri* ground squirrels.

Administrative Responsibility for Development of School Health Service Programs in California

A statement of policy concerning the administrative responsibility for school health services has been signed by Mr. Roy Simpson, State Superintendent of Public Instruction, and Dr. Wilton L. Halverson, State Director of Public Health. The statement, which follows, represents the official policy of the two departments and is recommended for consideration by local school and health departments.

Joint Statement

Both schools and health departments have great interest in and important contributions to make to the development and strengthening of health service programs for children of school age. The schools have intimate knowledge of the children as a result of daily contact and observation and an understanding of the part health services play in the total educational experience of each child. Health departments have knowledge of the health problems and resources of the community as they affect children of all ages and their families. Both departments have personnel whose skills are needed in the solving of school health problems.

The responsibility for the administration of school health service programs varies in states and in communities for various reasons. In some areas, particularly in cities, the schools have taken the leadership; in others, the health departments have assumed primary responsibility. It is becoming increasingly apparent that the degree of mutual understanding which exists between the two agencies, with the resultant pooling of the resources of both departments, is far more important in the development of a good program than is the matter of which department has the major administrative responsibility. The needless interdepartmental bickerings and jealousies which have retarded the effective functioning of school health service programs need to be dissipated in the light of the modern concept of school health based on cooperation.

In California, by provisions of the Education and the Health and Safety Codes, both the schools and health departments have certain responsibilities for the health of children attending school. This is fortunate, for it means that not only are there no legal obstacles preventing cooperation between the two departments, but the law actually makes cooperation necessary.

Principle of Cooperation Emphasized

Practically every authoritative statement concerning school health issued in recent years has emphasized this fundamental principle of cooperation. The revised *School Health Policies* report sponsored by the National Conference for Cooperation in Health Education states:

> "Every school system, under whatever jurisdiction it operates, should have a Central Health Council or Committee with appropriate representation from all schools and from all groups interested in school health. At the level of the Central Health Council, where, for example, the city or county superintendent of schools and the city or county health officer meet, the fruitfully cooperative relationships between the school system and the health department can best be worked out."

In another report recently issued by the Conference concerning the school administrator, physician and nurse in the school health program, it is stated that:

> "The technique of thinking together, working together, and planning together to develop the best plan for united action in a given program, with each participant understanding his responsibilities in relation to the work of others can be used successfully in solving school health problems throughout the country."

In a recent survey it was found that 27 states now have formal plans for interdepartmental cooperation with respect to school health programs. At the federal level there was established last year the nucleus of an organization for cooperative planning for school health between the United States Public Health Service, the Children's Bureau and the United States Office of Education.

In California the Joint Committee on School Health, composed of representatives of the staffs of the State Departments of Education and Public Health, has made significant progress toward the establishment of cooperative planning on the state level. All publications dealing with health in the schools are considered by the committee and are released under the auspices of both departments. Functions of the two departments concerning nutrition and school lunch programs, special progress for handicapped children, school health records, the curriculum in health, and many other areas have been correlated through the medium of the joint committee. The work of the committee serves as an outstanding example of joint planning and cooperation for the best interests of children throughout the State.

It is the hope of the two state departments that similar joint committees between schools and public health departments will be developed and strengthened on the local level. As people come to understand one another better by working together on mutual problems, the matter of which department administers the program will become less important.

ROY E. SIMPSON
WILTON L. HALVERSON, M.D.

Edward Ross Retires After 33 Years of Service to State

When plague was rampant in San Francisco during 1907 the U. S. Public Health and Marine Hospital Service assigned one of its most able rodent control experts to epidemic duty in that city.

This month, 40 years later, Mr. Edward T. Ross, for many years Chief of the Bureau of Sanitary Inspections, State Department of Public Health, is retiring.

Practically all of Mr. Ross' professional career has been devoted to public health work. He joined what was later to be called the U. S. Public Health Service in 1898 with quarantine and general sanitation duties. He has served Californians since 1907 when he was assigned to duty in the San Francisco Bay area.

In 1914 he resigned from the federal agency to become the first sanitary inspector in the history of the State of California. Later he organized and became chief of this department's Bureau of Sanitary Inspections.

This work in California has not gone unnoticed. In 1912 Mr. Ross was called on to help with rodent suppressive measures in the New Orleans plague outbreak. Later he helped make rodent surveys of New York City and Washington, D. C.

Nor were his talents limited to field and administrative efforts. In 1911 the U. S. Patent Office issued to inventors, Edward T. Ross and Frank G. Veatch (also of this department) patent number 995095. This patent was for the common spring rat trap which is still in use throughout the world.

The large scale plague survey program directed by Mr. Ross since 1927 has given the department reliable information on the extent and location of plague infection in California. Such information is indispensible to the development of an intelligent and effective vector control program.

Aviary Owner Victim of Psittacosis

As if to underscore federal restrictions on the interstate shipment of psittacine birds (*California Health,* July 31st) a case of psittacosis in an aviary owner was reported to the State Department of Public Health recently.

The illness was reported from Monterey County. Source of infection is believed to be a psittacine introduced into her group from a strain in Pasadena, birds of which were subsequently shown to be positive for the disease by laboratory tests.

Hearing aids are used by 600,000 people in the United States and are needed by approximately 3,000,000 to 6,000,000 more.

"Cancer Teaching Days" for Local Physicians Planned

"Cancer Teaching Days" have been planned for presentation of refresher courses to county medical societies and hospital staffs during the coming year by the Chronic Disease Service of this department, the Cancer Commission of the California Medical Association and the California Division, American Cancer Society.

The refresher courses will consist of one-day teaching, visits to local nonmetropolitan areas by local selected clinicians representing the various specialties which have a particular contribution to make toward cancer control.

The program has been designed to extend the postgraduate cancer professional education program from the medical school centers out into the other parts of the State.

Programs will be given at the request of the local medical society.

California Conference of Local Health Officers Formed

In compliance with the terms of the Public Health Assistance Act, the local health officers of California met on September 29, 1947, to establish the California Conference of Local Health Officers.

Officers elected at the meeting are: President, Dr. George Uhl, Los Angeles; Vice President, Dr. S. F. Farnsworth, Oakland; Secretary, Dr. John J. Sippy, San Joaquin Local Health District.

Also named at this meeting were the following committees:

Administrative Practice: Dr. Dwight M. Bissell, San Jose, Chairman; Dr. Frank N. Gallison, Ventura County; Dr. J. C. Geiger, San Francisco; Dr. Roswell L. Hull, San Benito County; Dr. John Philip, Merced County; and Dr. Edward Lee Russell, Orange County.

Statistics and Records: Dr. Martin Mills, Richmond, Chairman; Dr. Merle E. Cosand, San Bernardino County; Mr. Louis Olsen, Palo Alto; Dr. Kenneth C. Sheriff, Monterey County; Dr. J. L. Waller, Mariposa County; and Dr. Edith Young, Sonoma County.

Recruitment: Dr. Ira Church, Santa Barbara County, Chairman; Dr. William C. Buss, Kern County; Dr. Roy Gilbert, Los Angeles County; Dr. Kenneth W. Hayworth, Humboldt County; Dr. J. Paul McKenney, Modoc County; and Mr. Louis Olsen, Palo Alto.

Fiscal Affairs: Dr. Harrison Eilers, Long Beach, Chairman; Dr. Charles W. Anderson, Inyo County; Mr. Charles W. Arthur, Pasadena; Dr. Warren F. Fox, Riverside County; Dr. Lee A. Stone, Madera County; and Dr. W. Elwyn Turner, Santa Clara County.

Department Analysts Study Problem of Population Estimates

The difficulties involved in the use of varying population estimates for the calculation of California morbidity and mortality rates have been resolved to some extent by the work of a committee of analyists in the State Department of Public Health who were asked to tackle the problem.

For the present, the department will use population bases for the calculation of rates as recommended by the committee and stated below:

Crude birth rates—Estimates of resident civilian population of California made by the Bureau of the Census. These rates could be used as crude measures of fertility and would be roughly comparable to crude birth rates for other states based on resident civilian population.

Crude death rates and cause-specific death rates—Estimates of total population within the State made by the Bureau of Census. These rates would give a coarse measure of the proportionate decrease caused by death in the population.

Morbidity rates—Civilian resident population estimates made by the Bureau of the Census since the number of reported cases of particular diseases are those reported among civilians.

County rates—At present, no rates should be calculated for counties since population estimates comparable with those made by the Bureau of the Census for the State are not available for counties.

City rates—Special census population figures with no interpopulation. Rates should be calculated for only those years in which a special census was made.

California population estimates for the period 1940 to 1945 may be found in the following publication:

Bureau of the Census: *Estimated Population of the United States by States: 1940-1945:* Special Reports, Series P-46, No. 3.

Estimates of state population as of July 1, 1946, were made by the Bureau of the Census and released in Series P-25, No. 2, on August 15, 1947. The estimates for California show the following populations:

Civilian population	9,342,036
Total population including armed forces overseas	9,550,727

New Zealand Infant Mortality

New Zealand's infant mortality rate during 1946, 25.35 deaths per 1,000 live births, is the lowest ever recorded by a modern country.

—(JAMA, August 23, p. 1506.)

All Counties Notified of Change in Court Certification Law

Considerable progress has been made by the Bureau of Maternal and Child Health in the implementation of the law passed by the recent Legislature providing for the elimination of court certification procedure in the provision of services to crippled children.

All counties have now been notified of the change and field visits by members of the staff of the bureau have been made.

Up to this writing, there has been no adverse comment from any of the counties concerning the change in legal procedure. It has been found that, wherever possible, boards of supervisors are designating the health department to administer the program with the cooperation of the welfare department in the social aspects of the program. In those counties where no full-time health department exists, the program will be conducted, as in the past, by the welfare department.

Local Health Officer Changes

Dr. M. C. Beil of Upper Lake, California has replaced Dr. Richard A. Macklin as the health officer of Lake County.

In Tulare County, Dr. Charles Ambrose has resigned as county health officer and is succeeded by Dr. Raymond L. Knight.

In addition to these changes, the following additions and corrections should be made to the list of local health officers which appeared in the August 31 issue of this publication:

The Palos Verdes Estates in Los Angeles County and San Juan Bautista in San Benito County are under the supervision of the respective county health departments.

Health officers for Humboldt, Kern, and Merced are, in the order named, Kenneth W. Haworth, M.D., William C. Buss, M.D., and John Philip, M.D.

Health Topics Discussed at Madera School Workshop

Health subjects more than held their own at the recent Madera County Elementary School Workshop, according to a report received from Miss Mary Jane Cann, County Rural School Health Supervisor.

Featured at the 10-day meeting were discussions of nutrition, health education, the school lunch program, mental hygiene, and other health topics.

Dr. Lee A. Stone, County Health Officer, addressed the group during one of its sessions.

In conjunction with the workshop, a "Food Service Course for School Lunch Workers" was held.

1946 Incidence of Tuberculosis in California Reported

All forms of tuberculosis reported to the State Department of Public Health during 1946 (not including those reported from state institutions) totaled 7,521 cases. An additional 1,356 cases were reported after death.

Greatest number of cases reported when classified according to status of infection was the "far advanced" type which totaled 3,535. "Moderately advanced" cases totaled 2,313, and those cases which were reported in the "minimal" stage equaled 1,346. "Other active forms" totaled 193 and status of infection was not stated in 134 instances.

In practically all counties, the number of "far advanced" cases reported exceeded both "minimal" and "moderately advanced." One exception was Monterey County which reported 28 "minimal," 22 "moderately advanced," and 25 "far advanced" cases.

Age and Sex Distribution

The greatest number of cases were reported among the "55 and over" age group, their total being 1,707. Other age groups with high incidence were: 45-54, 1,279; 25-29, 756; 35-39, 679; and 30-34, 674.

Incidence among males was higher than among females, the totals for the men being 4,293, and for the women, 3,228.

The complete breakdown of the incidence of all forms of tuberculosis by age and sex in 1946 is as follows:

Age group	*Male*	*Female*
Under one year	22	19
1- 4	95	104
5- 9	70	57
10-14	63	110
15-19	191	307
20-24	194	555
25-29	250	506
30-34	284	390
35-39	360	319
40-44	436	197
45-54	967	312
55 and over	1,359	348
Total	4,293†	3,228*
	7,521	

* Four cases not allocated.
† Two cases not allocated.

State Institutions

Tuberculosis cases found in state institutions during 1946 totaled 558 with 103 additional cases not reported until after death.

The active cases were discovered in large measure through the use of mobile X-ray apparatus which is operated by the Tuberculosis Service of this department.

Of the cases reported, 191 were "far advanced," 190 were "moderately advanced," and 172 were in a "minimal" stage of the disease.

The surveys were conducted among institutions operated by the California State Youth Authority, Department of Corrections and Department of Mental Hygiene.

Sex distribution of cases of all forms favored males, 360 to 198.

Age distribution, as in the general population, was highest in the "55 and over" age group, with 213 cases reported from this source. Other age group totals were: 45-54, 99; 35-39, 59; and 40-44, 52.

Directors of Nursing Appointed in Three Health Departments

Directors of Public Health Nursing have been appointed in the Merced and Tulare County Health Departments and in the Palo Alto City Health Department.

Miss Violet Sobers, the recently appointed Director of Public Health Nursing in the Merced County Health Department, came to California following a period of overseas duty with the U. S. Public Health Service. Miss Sobers is a graduate of St. Joseph's Mercy Hospital Training School in Detroit, Michigan and has a bachelor's degree from Wayne University, where she obtained her public health nursing preparation. Miss Sobers has had staff and supervisory public health nursing experience in rural and urban areas.

Miss Eva Barnes joined the staff of the Tulare County Health Department as Director of Public Health Nursing in July. She was formerly employed in the Madera County Health Department and spent the 1946-47 academic year in studying public health nursing at the University of Michigan. Miss Barnes is a graduate of the University of California School of Nursing and holds a bachelor's degree from Occidental College.

Mrs. Alice E. Barnes, who had been on the staff of the Santa Clara County Health Department, went to the Palo Alto Health Department as Director of Nursing in August. Mrs. Barnes secured her basic nursing preparation at the Fabiola Hospital in Oakland; her public health nursing preparation at the University of California; received her bachelor's degree from San Jose State College; and completed a program of study in supervision at Teachers College, Columbia University.

Of the world's 800,000,000 children under 18 years of age, an estimated 40,000,000 are in the United States, or one out of 20 of the world's boys and girls.—*U. S. Children's Bureau.*

Dental Public Health Needs Revealed by Survey

California's need for dental public health programs for children of all ages in all parts of the State has been emphatically demonstrated by a report of a survey of representative areas which has just been completed by the Bureau of Maternal and Child Health.

The survey was conducted by Laurence S. McClaskey, D.D.S., dental health consultant, in 10 counties which were chosen as a representative cross section of the total state population. The counties selected varied from the largest and wealthiest to almost the poorest. They had a total population of about 4,900,000 of which approximately 322,800 were preschool children and 1,026,900 were in the 5-18-year age group.

Only two counties in the survey were found to be undertaking a dental health program of any sort, and these were not adequate or comprehensive in character. None of the 10 counties had any active preventive program, either for the preschool child or older age groups. A few cities reported dental programs of a very limited scope.

It is estimated that 90 percent of the children in the survey have dental diseases.

Factors standing in the way of the development of a strong far-reaching program were traced to such basic causes as: Finances, lack of dentists and dental hygienists, indifference, and ignorance.

In Dr. McClaskey's words: "Here is California, the third largest state in the Union in population, the second in area, and one of the wealthiest in the Nation; but, probably one of the worst off as far as the dental program for her children is concerned. There is very little being done in preventive, educational, restorative, or emergency treatment. What is worse is that there is a general feeling of indifference on the part of some individuals who should know better."

A three-fold program of research, dental health education, and dental care with the participation of the organized dental profession is suggested for the State.

Physicians to Attend Postgrad Course

Opportunity has been provided by the Bureau of Maternal and Child Health for six physicians from rural areas of the State to attend the postgraduate course in obstetrics and gynecology at the University of California Medical School this fall.

All of the physicians attending are responsible for maternal care to indigents in their respective areas.

Births, deaths, and sickness are like the temperature, pulse, and respiration of a patient and disclose the state of community health.—*Haven Emerson*, M.D.

California Morbidity Reports

Selected Diseases—Civilian Cases

Total Cases for August and Total Cases for January Throu August, 1947, 1946, 1945 and 5-Year Median (1942-1946)

Selected diseases	Current month				Cumulative			
	August				January through August			
	1947	1946	1945	5-yr. median 1942-1946	1947	1946	1945	5-yr. me 194 194
Chickenpox (Varicella)	324	312	726	382	31,725	20,523	39,230	34,
Coccidioidal granuloma	5	1	1	------	38	25	25	----
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum)	2	2	2	------	20	33	16	----
Diphtheria	45	68	92	68	567	817	754	7
Dysentery, bacillary	11	34	28	------	77	143	194	----
Encephalitis, infectious	27	28	75	28	74	101	133	1
Epilepsy	117	102	143	------	1,091	1,037	1,076	----
Food poisoning	347	12	31	------	862	294	327	----
German measles (Rubella)	107	95	285	------	1,770	11,574	10,386	----
Influenza, epidemic	20	14	39	39	734	5,192	562	2,
Jaundice, infectious	7	12	8	------	79	136	173	----
Malaria	14	32	34	13	76	492	98	----
Measles (Rubeola)	220	317	898	499	5,835	61,225	30,097	61,
Meningitis, meningococcic	14	24	40	40	203	420	514	
Mumps (Parotiditis)	522	427	1,084	919	13,690	16,885	31,551	25,
Pneumonia, infectious	63	105	173	173	1,204	1,802	2,581	2,
Poliomyelitis, acute anterior	103	693	138	138	567	1,109	306	
Rabies, animal	12	13	35	35	201	309	469	
Rheumatic fever	43	46	32	------	589	476	502	----
Scarlet fever	151	220	462	247	3,706	5,521	10,393	5,
Septic sore throat	16	9	------	------	368	12	------	----
Smallpox (Variola)	------	------	------	0	2	8	4	
Tuberculosis:								
Pulmonary	609	695	669	669	6,223	5,202	5,304	5,
Other forms	58	57	49	47	433	339	384	3
Typhoid fever	23	21	15	16	108	99	70	
Typhus fever	5	3	3	------	20	37	20	----
Undulant fever (Brucellosis)	39	13	20	21	190	199	174	
Whooping cough (Pertussis)	700	219	1,004	669	7,485	3,091	11,612	9,
Venereal Diseases:								
Chancroid	39	43	10	------	400	340	163	----
Gonococcus infection	2,534	2,430	2,725	2,346	21,895	20,918	17,992	13,
Granuloma inguinale	7	3	4	------	62	22	32	----
Lymphogranuloma inguinale	8	9	15	------	138	141	160	----
Syphilis	1,593	1,832	2,635	2,488	15,630	15,896	18,923	18,

Lab to Run Q Fever Tests

The State Division of Laboratories is now equipped to run complement fixation tests for Q fever. First known occurrence of the disease in California was in the Los Angeles area this spring.

Specimens of blood (20 c.c.) from suspected cases should be submitted as for other virus tests—two specimens, the first taken within the first week of the illness and the second from 7 to 10 days later.

Special containers may be obtained from the Division of Laboratories, Berkeley, and all specimens should be mailed directly to: The State Virus Laboratory, 139 University Avenue, Berkeley 2, California.

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